

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52	/					
3		/					53	/					
4		/					54	/					
5		/					55	/					
6		/					56	/					
7		/					57	/					
8		/					58	/					
9		/					59	/					
10		/					60	/					
11		/					61	/					
12		/					62	/					
13		/					63	/					
14		/					64	/					
15		/					65	/					
16		/					66	/					
17		/					67	/					
18		/					68	/					
19		/					69	/					
20	/						70	/					
21		/					71	/					
22		/					72	/					
23		/					73	/					
24		/					74	/					
25		/					75	/					
26		/					76	/					
27		/					77	/					
28		/					78	/					
29		/					79	/					
30	/						80	/					
31		/					81	/					
32		/					82	/					
33		/					83	/					
34		/					84	/					
35		/					85	/					
36	/						86	/					
37	/						87	/					
38	/						88	/					
39	/						89	/					
40	/						90	/					
41	/						91	/					
42	/						92	/					
43	/						93	/					
44	/						94	/					
45	/						95	/					
46	/						96	/					
47	/						97	/					
48	/						98	/					
49	/						99	/					
50	/						100	/					
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						